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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF

PMATE

15 JUL 5 5nly PH 3: 01

					Ų.ii	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typir er the lines.	ng, type	12FE4M5	
Al Franken for Senate						1
		<u> </u>				
ADDRESS (number and street)	P.O. Box 583144					
(2.5) Charle is discount			1_1_1_1			
Check if different than previously reported. (ACC)	Minneapolis	1 1 1 1			MN 5545	58
2. FEC IDENTIFICATION NU	JMBER ▼	CITY			STATE A	ZIP CODE
C C00570960	3	. IS THIS	NEW (N)	I	AMENDED	STATE ▼ DISTRICT
		REPORT	(N)	OR	(A)	MN 00
4. TYPE OF REPORT (Cho	rose One)					
(a) Quarterly Reports:	(b)	12-Day PRE-	Election Repo	ort for the:		
(F)			Primary (12P)	General (12G)	Runoff (12R)
April 15 Quarterly F	Report (Q1)		Convention (12C)	Special (12S)	
July 15 Quarterly R	eport (Q2)	Lare.	(The area)	, , , , , , , , , , , , , , , , , , ,		
October 15 Quarter	ly Report (Q3)	Election on		0 0 /	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	in the State of
January 31 Year-En	d Report (YE) (c)	30-Day POS	Γ- Election Re _l	oort for the		
p==			General (300	i)	Runoff (30R)	Special (30S)
Termination Report	(TER)	Election on	MM	רם הם /	YYYYY	in the State of
5. Covering Period 04	M / 01 / 1	2015	through	M	/ SO / V	2015
I certify that I have examined thi	s Report and to the	best of my kno	owledge and i	belief it is t	rue, correct and cor	mplete.
Type or Print Name of Treasurer	Thomas Borman				<u> </u>	
Signature of Treasurer Thom	nas Borman	20-			Date 07 '	15 / 2015
NOTE: Submission of false, errone	ous, or incomplete infe	ormation may s	ubject the per	son signing	this Report to the pe	enalties of 2 U.S.C. §437g.
Office Use Only					I I	EC FORM 3 (Revised 02/2003)